

Docket No.: PF155C1D1

(PATENT)

HE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ruben et al.

Allowed: August 24, 2004

Application No.: 10/075,446

Confirmation No.: 8759

Filed: February 15, 2002

Art Unit: 1647

For: Keratinocyte Growth Factor-2

Examiner: C. Saoud

TRANSMITTAL LETTER

MS Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowance and Fees Due, mailed August 24, 2004, Applicants submit herewith:

- (1) Fee Transmittal, with appropriate fees;
- (2) Part B Fee(s) Transmittal (Form PTOL-8), with fees; and
- (3) Letter Regarding Patent Term Adjustment Calculation.

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 08-3425.

Dated:

Respectfully submitted,

Mark J. Hyman

Registration No.: 46,789

HUMAN GENOME SCIENCES, INC.

Intellectual Property Dept. 14200 Shady Grove Road Rockville, Maryland 20850

(240) 314-1224

IN LIEU OF PTO/SB/17 (10-04)
*** Please note request to charge additional fees during the pendency of the application.

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|---|-----------------------------|------------------------|-------|---------------|---|------------------------|--|
| FEE TRANSMITTAL For FY 2005 | | Complete if Known | | | | | |
| | | Application Number | | | · · · · · · · · · · · · · · · · · · · | 10/075,446-Conf. #8759 | |
| | | Filing Date | | | February 15, 2002 | February 15, 2002 | |
| A | | First Named Inventor | | d Inver | tor Steven M. Ruben | Steven M. Ruben | |
| Effective 10/01/2004. Patent fees are subject to annual revision. | Examiner Name | | | ame | C. Saoud | | |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | | | | 1647 | 1647 | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,673.00 | | Attorney Docket No. | | | pF155C1D1 | PF155C1D1 | |
| METHOD OF PAYMENT (check all that apply) | <u> </u> | | | | | | |
| Credit Money Credit Noney | FEE CALCULATION (continued) | | | | | | |
| Check Card Order Other None | | | | | | | |
| X Deposit Account: | l | - FAla. | C1 | | | | |
| Deposit Account 08-3425 | Fee | e Entity Fee | Fee | Entity | - | | |
| Number US-3423 | Code | (\$) | Code | (\$) | Fee Description | Fee Paid | |
| Deposit Account Human Genome Sciences, Inc. | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | | |
| Name | 1052 | 50 | 2052 | 25 | Surcharge – late provisional filing fee or cover | | |
| The Director is authorized to: (check all that apply) | | | 40 | 4.0- | sheet. | <u> </u> | |
| X Charge fee(s) indicated below X Credit any overpayments | 1053 | 130 | 1053 | 130 | Non-English specification . | | |
| X Charge any additional fee(s) or any underpayment of fee(s) | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | | |
| Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | 1804 | 920* | 1804 | 920° | Requesting publication of SIR prior to Examiner action | | |
| X application and additional fee(s) during the <i>pendency</i> of the | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | | |
| FEE CALCULATION | 1251 | 110 | 2251 | 55 | Extension for reply within first month | | |
| 1. BASIC FILING FEE | 1252 | 430 | 2252 | 215 | Extension for reply within second month | | |
| Large Entity Small Entity | 1253 | 980 | 2253 | 490 | Extension for reply within third month | | |
| Fee Fee Fee Fee Fee Description Fee Paid | 1254 | 1,530 | 2254 | 765 | Extension for reply within fourth month | | |
| Code (\$) Code (\$) 1001 790 2001 395 Utility filing fee | 1255 | 2,080 | 2255 | 1.040 | Extension for reply within fifth month | | |
| 1002 350 2002 175 Design filing fee | 1401 | 340 | 2401 | 170 | Notice of Appeal | - | |
| 1003 550 2003 275 Plant filing fee | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal | | |
| 1004 790 2004 395 Reissue filing fee | 1403 | 300 | 2403 | 150 | Request for oral hearing | | |
| 1005 160 2005 80 Provisional filing fee | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | | |
| SUBTOTAL (1) (\$) 0.00 | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | | |
| 300101AE(1) (ψ) 0.00 | 1453 | 1,370 | 2453 | 685 | Petition to revive - unintentional | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) | 1,370.00 | |
| Extra Fee from Claims below Fee Paid | 1502 | 490 | 2502 | 245 | Design issue fee | | |
| Total Claims 18 -20** = x = 0.00 | 1503 | 660 | 2503 | 330 | Plant issue fee | | |
| Independent 3 -3** = x = 0.00 | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | | |
| Multiple Dependent = | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | | |
| Large Entity Small Entity | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | | |
| Fee Fee Fee Code (\$) Fee Description | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | | |
| 1202 18 2202 9 Claims in excess of 20 | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection | | |
| 1201 88 2201 44 Independent claims in excess of 3 | | | | | (37 CFR 1.129(a)) For each additional invention to be | <u> </u> | |
| 1203 300 2203 150 Multiple dependent claim, if not paid | 1810 | | 2810 | 395 | examined (37CFR 1.129(b)) | | |
| 1204 88 2204 44 ** Reissue independent claims over original patent | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | <u> </u> | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | | |
| and over original patent | Other | fee (spe | cify) | 8001; 1504 | Printed copy of patent w/o color; Publication fee for early, voluntary, or normal | 303.00 | |
| SUBTOTAL (2) (\$) 0.00 *Reduced by Basic Filing Fee Paid | | | | | publication Paid SUBTOTAL (3) (\$) | 1,673.00 | |
| **or number previously paid, if greater, For Reissues, see above | | | | | | | |
| SUBMITTED BY (Complete (if applicable)) | | | | | | | |
| Name (Print/Type) Mark J. Hyman | | tration No ey/Agent | | ,789 | Telephone (240) 314-1224 | | |
| Signature 1/1/2 / Date 10/2 0/04 | | | | | | | |
| 1 00/0 | | | | | | | |